

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039301

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 170Primary Registration District No. ---Registrar's No. 195

FILED NOV 13 1962

1. PLACE OF DEATH

a. COUNTY

Laclede

b. CITY (if outside corporate limits, give TOWNSHIP only)
OR TOWN

Competition

Length of stay in lb

60 yrs.

c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Competition

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Laclede

c. CITY
OR TOWN

Competition

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

within City

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

William

Homer

Shamel

4. DATE OF
DEATH

Month

Day

Year

October 29, 1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-10-89

9. AGE (last birthday)

73

IF UNDER 1 YEAR

Months

Days

Hours

Min.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

farmer and banker

10b. KIND OF BUSINESS OR INDUSTRY

farming

11. BIRTHPLACE (City and state or country)

Plato, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

James Shamel

13b. MOTHER'S MAIDEN NAME

Emma McLaughlin

14. NAME OF HUSBAND OR WIFE

Grace Shamel

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Grace Shamel, Competition, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

one hour

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

① Diabetes Mellitus ② Coronary Thrombosis 1956

PART III. If deceased was female was
there a pregnancy in last 90 days☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

None

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY-

STATE

21. I attended the deceased from 3/29/55 to 10/29/62 and last saw her alive on 8/14/62
Death occurred at 9:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

J. J. Shadel (Degree or title)

22b. ADDRESS

Lebanon, Mo

22c. DATE SIGNED

11/5/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

burial

23b. DATE

11-1-62

23c. NAME OF CEMETERY OR CREMATORY

Shamel Cemetery

23d. LOCATION (City, town, or county)

Competition,

23e. STATE

Mo.

24. FUNERAL DIRECTOR

ADDRESS

J. J. Shadel

Lebanon, Mo.

25. DATE RECD. BY LOCAL REG.

11-5-1962

26. REGISTRAR'S SIGNATURE

Hella L. Hays

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 11-1-1962 D.S.H.